

BEST AVAILABLE COPY

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | | SERIAL NO. | | FILING DATE | |
|----------------------------------------------------------------------------------|----------|------|------------------------|------|------------------------|------|--|--------------|------|-------------|------|
| | | | | | | | | APPLICANT(S) | | | |
| CLAIMS | | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | * | * | * | * |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. |
| 1 | / | | | | | | | 51 | / | | |
| 2 | | / | | | | | | 52 | / | | |
| 3 | | | / | | | | | 53 | / | | |
| 4 | | | / | | | | | 54 | | / | |
| 5 | | | / | | | | | 55 | | / | |
| 6 | | | / | | | | | 56 | | / | |
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| 47 | | | / | | | | | 97 | | / | |
| 48 | | | / | | | | | 98 | | / | |
| 49 | | | / | | | | | 99 | | / | |
| 50 | | | / | | | | | 100 | | / | |
| TOTAL IND. | | | | | | | | TOTAL IND. | | | |
| TOTAL DEP. | 47 | | | | | | | TOTAL DEP. | | | |
| TOTAL CLAIMS | 65 | | | | | | | TOTAL CLAIMS | | | |